Lakeside Golf Course

www.lakeside-golf.co.uk
Email: lakesidegolfcourse@googlemail.com

Membership Application Form

PLEASE USE BLOCK CAPITALS

Membership Category: ……

Surname: …… **First Name:** ……

Title: …… **Male/Female:** ……

Full Address: ……

……

Postcode: …… **Date of Birth:** ……

Home Tel: …… **Mobile:** ……

Email address:

Name of present club or last club you were a member of: ……

Current Handicap: …… **CDH No:** ……

Lakeside Golf course will be my home club for handicap purposes **YES** or **NO**

Do you give consent for the following information to be passed on to the Lakeside committee

YES or **NO**

Do you give consent for the club to contact you regarding club information **YES** or **NO**

I wish to become a member of Lakeside Golf Course with immediate effect and I agree to bound by the Rules & Constitution

Signature: …… **Date:** ……

For Office Use Only

Membership Number: ……

Payment Type: …… **£**……

Updated on BRS system ☐ **Welcome pack given** ☐

Staff Member:…… **Date:**……